

JAMALA HOLLAND
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DESIGNATED OFFICE
(703) 305-5403

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3	2					53			
4	1					54			
5	1					55			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL D.						TOTAL IND.			
TOTAL IP.						TOTAL DEP.			
TOTAL AIMS						TOTAL CLAIMS			

O-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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